

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Health Care Committee

BILL: SB 1696

SPONSOR: Senator Haridopolos

SUBJECT: Immunizations

DATE: April 8, 2005

REVISED: 04/12/05

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Harkey</u>	<u>Wilson</u>	<u>HE</u>	<u>Fav/1 amendment</u>
2.	<u></u>	<u></u>	<u>ED</u>	<u></u>
3.	<u></u>	<u></u>	<u>HA</u>	<u></u>
4.	<u></u>	<u></u>	<u></u>	<u></u>
5.	<u></u>	<u></u>	<u></u>	<u></u>
6.	<u></u>	<u></u>	<u></u>	<u></u>

Please see last section for Summary of Amendments

Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

The bill requires assisted living facilities to implement a program to offer immunizations against influenza viruses to all residents aged 65 or older each year.

The bill requires district school boards and private school governing authorities to provide every student's parent specified information about meningococcal disease in accordance with the recommendations of the Department of Health (DOH). The bill requires DOH to adopt rules specifying the age or grade level of students for whom the information will be provided, consistent with recommendations of the Centers for Disease Control and Prevention (CDC). The bill requires DOH to make information about the disease available to district school boards and private school governing authorities, who must determine the means and methods for providing this information to students' parents.

This bill amends ss. 400.426 and 1003.22, F.S.

II. Present Situation:

Assisted living facilities are licensed under Part III of ch. 400, F.S.¹ Currently, there is no requirement that assisted living facilities offer immunizations against the influenza virus to their residents. Nursing homes licensed under Part II of ch. 400, F.S., are required to immunize residents against influenza viruses. Section 400.141(22), F.S., specifies when the immunizations must be given, requires consent by the resident being immunized, and provides an exemption for medical contraindications and religious or personal beliefs.

Influenza, commonly called the “flu,” is caused by the influenza virus that infects the respiratory tract. The virus is typically spread from person to person; when an infected person coughs or sneezes, the virus is expelled into the air. Influenza can cause severe illness and lead to serious and life-threatening complications in all age groups. Complications such as bacterial pneumonia, dehydration, and worsening of underlying chronic conditions (such as congestive heart disease and asthma) occur most often in persons who are particularly vulnerable, such as elderly persons and persons with chronic conditions.²

Flu is a major cause of illness and death in the United States and leads to over 200,000 hospitalizations and approximately 36,000 deaths each year, according to CDC.³ Vaccines are effective in protecting individuals against illness or serious complications of flu, particularly those who are at high risk for developing serious complications from the disease. The Advisory Committee on Immunization Practices of CDC (ACIP) recommends that, when vaccine is available, persons in high-risk groups including individuals aged 65 or older, and people with chronic diseases of the heart, lung, or kidneys, diabetes, immunosuppression, or severe forms of anemia, should be vaccinated against the flu. ACIP also recommends that residents of nursing homes and other chronic-care facilities, children receiving long-term aspirin therapy, and any person who is in close or frequent contact with anyone in the high-risk group, such as health care personnel and volunteers, be vaccinated.⁴ The CDC recommends that the optimal time to be vaccinated against flu is the fall.⁵

Medicare coverage for flu shots for the elderly began in 1993. Flu shots are available at no cost to individuals enrolled in Medicare Part B from physicians or providers who bill Medicare. If patients receive their flu vaccines from physicians or providers who do not bill Medicare, they

¹ The Assisted Living Facilities Act, ss. 400.401 – 400.454, F.S.

² See Fact Sheet *Influenza (Flu) Key Facts about the Flu*, November 10, 2004, Department of Health and Human Services Centers for Disease Control and Prevention; *Flu*, January 2005, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services, available at <http://www.niaid.nih.gov/factsheets/flu.htm>

³ *Influenza: The Disease*, November 15, 2004, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/flu/about/disease.htm>

⁴ Because of the influenza vaccine shortage during the 2004-2005 flu season, the CDC twice revised its recommendations regarding who should receive the vaccine. Persons age 65 and older and residents of nursing homes and long-term care facilities were always in the highest priority groups. See fn.2, *Recommended Adult Immunization Schedule United States October 2004-September 2005, Summary of Recommendation Published by the Advisory Committee on Immunization Practices*, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.immunization.org/downloads/adult-schedule.pdf>

⁵ *Fact Sheet Influenza (Flu) Key Facts about the Flu Vaccine*, January 27, 2005, Department of Health and Human Services Centers for Disease Control and Prevention, available at <http://www.cdc.gov/flu/protect/pdf/vaccinekeyfacts.pdf>

may be reimbursed (about \$18) by Medicare.⁶ The Medicaid program covers costs for flu vaccine and administration for Medicaid patients who are residents of nursing homes and long-term care facilities who are not the recipients of Medicare benefits.

Meningococcal Disease and Immunization

The meningococcus bacterium can cause a life-threatening infection of the bloodstream, meningitis (infection of the brain and spinal cord coverings), or both. Sometimes referred to as spinal meningitis, bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. Death occurs in 10 to 15 percent of the 2,600 cases of meningococcal meningitis that are reported in the U.S. each year. The largest incidence of the disease is in children under age five, with a second peak in children and young adults between the ages of 15 and 24.⁷

Before the 1990s, Haemophilus influenzae type b (Hib) was the leading cause of bacterial meningitis, but new vaccines being given to all children as part of their routine immunizations have reduced the occurrence of invasive disease due to H. influenzae.⁸

There are five subtypes (or Serogroups) of the bacterium that cause meningococcal meningitis (Serogroups A, B, C, Y, and W-135). Two vaccines are available to immunize against Serogroups A, C, Y and W-135: Menomune, licensed in 1981, and Menactra (also known as MCV-4), licensed in 2005.⁹

With FDA's approval of MCV4, ACIP and CDC on February 10, 2005, recommended routine vaccination of children ages 11-14 or before high school entry...

as the most effective strategy towards reducing meningococcal disease incidence in adolescence and young adulthood. Within 3 years, the goal is routine vaccination with MCV4 of all adolescents beginning at 11 years of age. ACIP recognizes that vaccine supply may be an issue in the first few years after licensure of MCV4. Adolescents who wish to decrease their risk of meningococcal disease may elect to receive vaccine.¹⁰

In Florida, the following immunizations are required by age and school grade:¹¹
Immunizations Required for Preschool Entry (age-appropriate doses as are

⁶ *Important Information About Medicare Payment for Flu Shots*, available at <http://medicare.gov/health/flupayments.asp>

⁷ *Vaccine Information Meningococcal Disease*, updated March 11, 2005, National Network for Immunization Information, available at http://www.immunizationinfo.org/vaccineInfo/vaccine_detail.cfv?id=15

⁸ *Division of Bacterial and Mycotic Disease, Disease Information, Meningococcal Disease*, Department of Health and Human Services Centers for Disease Control and Prevention, available at

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

⁹ There is no licensed vaccine for Serogroup B in the U.S. *Vaccine Information Meningococcal Disease*.

¹⁰ *Meningococcal Conjugate Vaccine, ACIP Recommends Meningococcal Vaccine for Adolescents and College Freshman*, National Immunization Program Centers for Disease Control and Prevention, available at

http://www.cdc.gov/nip/vaccine/meningitis/mcs4/mcv4_acip.htm

¹¹ *Vaccine Information Florida Vaccine Requirements*, National Network for Immunization Information, available at http://www.immunizationinfo.org/vaccineInfo/disease_stateinfo.cfv; *Immunization and Record Requirements*, available at http://www.doh.state.fl.us/disease_ctrl/immune/school.pdf

medically indicated):

- Diphtheria-Tetanus-Pertussis Series
- Haemophilus influenzae type b (Hib)
- Hepatitis B
- Measles-Mumps-Rubella (MMR)
- Polio Series
- Varicella

Immunizations Required for Kindergarten Entry:

- Diphtheria-Tetanus-Pertussis Series
- Hepatitis B Series
- Measles-Mumps-Rubella (two doses of Measles vaccine, preferably as MMR)
- Polio Series
- Varicella

Immunizations Required for 7th Grade Entry:

- Hepatitis B Series
- Second Dose of Measles Vaccine (preferably MMR vaccine)
- Tetanus-Diphtheria Booster

Immunizations required for college/university students:

- MR, M2 (All freshman and new enrollees in public universities)
- Meningococcal (All college/university students who live in dorms, or must sign waiver)
- Immunizations Required for Child Care and/or Family Day Care (up-to-date for age):
- Diphtheria-Tetanus-Pertussis
- Haemophilus influenzae type b
- Measles-Mumps-Rubella
- Polio
- Varicella

All Florida postsecondary educational institutions must provide detailed information concerning the risks associated with meningococcal meningitis and its associated vaccines to every student or to the student's parent if the student is a minor. As noted above, all Florida college and university students who live in campus dormitories are required to be immunized against meningococcal disease or decline the immunization by signing a waiver.¹²

¹² s. 1006.69, F.S.

III. Effect of Proposed Changes:

Section 1: Amends s. 400.426, F.S., relating to assisted living facilities to require each licensed assisted living facility to implement a program to offer immunizations against influenza viruses to all residents aged 65 or older each year in accordance with recommendations of ACIP.

Section 2: Amends s. 1003.22(10), F.S., relating to school-entry health examinations to require district school boards and private school governing authorities to provide every student's parent specified information about meningococcal disease in accordance with DOH recommendations. The bill requires DOH to adopt rules consistent with recommendations of ACIP and requires district school boards and private school governing authorities to determine means and methods for providing information to students' parents.

Section 3: Provides an effective date of July 1, 2005.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Assisted living facilities will incur additional costs to design and implement the program required by the bill.

Private school governing authorities may incur costs related to the provision of information about meningococcal disease to students' parents.

C. Government Sector Impact:

School districts may incur costs related to the provision of information about meningococcal disease to students' parents.

VI. Technical Deficiencies:

On page 1, lines 26 and 27, the language is drafted in such a way that the immunizations must be offered between October 1 and February 1 of each year. The February 1 date should be in the year following the October 1 date.

On page 1, line 31, the word "years" should be inserted after the number 65.

VII. Related Issues:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.

VIII. Summary of Amendments:

Barcode 942536 by Health Care:

Amends s. 381.005, F.S., instead of s. 400.426, F.S., to require ALF's with more than 11 residents to offer flu vaccines to residents who are age 65 or older. The ALF's must offer the vaccines between October of each year and February of the following year.

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